PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004 Annual Plan for Fiscal Year 2000

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

> HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

PHA Plan Agency Identification

PHA Name: Housing Authority of the Town of Manchester					
PHA	PHA Number: CT026				
PHA	Fiscal Year Beginning: (mm/yyyy) 10/1/00				
Publi	c Access to Information				
	nation regarding any activities outlined in this plan can be obtained by contacting: all that apply) Main administrative office of the PHA PHA development management offices PHA local offices				
Displa	ay Locations For PHA Plans and Supporting Documents				
The PH apply)	Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below)				
PHA P	lan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below)				

5-YEAR PLAN PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

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	ne PHA's mission for serving the needs of low-income, very low income, and extremely low-income
familie	s in the PHA's jurisdiction. (select one of the choices below)
	The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
\boxtimes	The PHA's mission is: (state mission here)
	The mission of the Housing Authority of the Town of Manchester is to develop and maintain affordable, safe and sanitary housing, a suitable living environment and economic opportunities, by diligently practicing good property management, pursuing funding for additional housing and for educational and employment opportunities for our residents.
B. G	Goals
emphasidentify PHAS A REACI include	als and objectives listed below are derived from HUD's strategic Goals and Objectives and those sized in recent legislation. PHAs may select any of these goals and objectives as their own, or y other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN HING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would be targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these tres in the spaces to the right of or below the stated objectives.
HUD	Strategic Goal: Increase the availability of decent, safe, and affordable housing.
	PHA Goal: Expand the supply of assisted housing Objectives: Apply for additional rental vouchers: When Available Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: If funding is available Acquire or build units or developments Other (list below)
\boxtimes	PHA Goal: Improve the quality of assisted housing Objectives:

	\boxtimes	Improve public housing management: (PHAS score) <i>Be a high performer by</i> 9/30/05
		Improve voucher management: (SEMAP score) Be a high performer by 9/30/05
		Increase customer satisfaction:
		Concentrate on efforts to improve specific management functions:
		(list; e.g., public housing finance; voucher unit inspections)
	\boxtimes	Renovate or modernize public housing units: Ongoing with Capital Fund
		Demolish or dispose of obsolete public housing:
		Provide replacement public housing:
	Щ	Provide replacement vouchers:
		Other: (list below)
abla	DIIA	
\triangle		Goal: Increase assisted housing choices
	Object	Provide voucher mobility counseling: <i>Ongoing</i>
		Conduct outreach efforts to potential voucher landlords: Annually
		Increase voucher payment standards: As Needed
		Implement voucher homeownership program:
	Ħ	Implement public housing or other homeownership programs:
		Implement public housing site-based waiting lists:
		Convert public housing to vouchers:
		Other: (list below)
HUD	Strategi	ic Goal: Improve community quality of life and economic vitality
\times	PHA C	Goal: Provide an improved living environment
	Object	
	\boxtimes	Implement measures to deconcentrate poverty by bringing higher income public
		housing households into lower income developments:
	\boxtimes	Implement measures to promote income mixing in public housing by assuring
		access for lower income families into higher income developments:
		Implement public housing security improvements:
		Designate developments or buildings for particular resident groups (elderly, persons with disabilities) <i>Fiscal Year 2000</i>
		Other: (list below)
	-	

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals \boxtimes PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: \times Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients' employability: \times Provide or attract supportive services to increase independence for the elderly or families with disabilities. Other: (list below) **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans** \boxtimes PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: \boxtimes Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: \boxtimes Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Other: (list below) Other PHA Goals and Objectives: (list below) We have also adopted the following goals and objectives for the next five years. *Goal #1:* To manage the Housing Authority of the Town of Manchester programs in an efficient and effective manner, and be recognized as a high performer by 2005 under PHAS and SEMAP. Objective:

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housing industry.

The Housing Authority of the Town of Manchester shall continue to excel in providing and training, a motivating work environment with a capable and efficient team of employees to operate as a customer friendly and fiscally prudent leader in the public

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002 The Housing Authority of the Town of Manchester shall continue to excel in providing services to residents and the community through involvement in all community activities.

Goal #2:

Expand the range and quality of housing choices available to participants in the Housing Authority of the Town of Manchester tenant-based assistance program.

Objectives:

The Housing Authority of the Town of Manchester will strive to achieve and sustain a utilization rate of 95% by September 30, 2005, in its tenant based program.

The Housing Authority of the Town of Manchester shall attract 15 new landlords who want to participate in the voucher program by September 30, 2005.

Annual PHA Plan PHA Fiscal Year 2000

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

\boxtimes	Standard Plan
Strean	nlined Plan: High Performing PHA Small Agency (<250 Public Housing Units) Administering Section 8 Only
	Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments	
Indicate which attachments are provided by selecting all that apply. Provide the attachmen	t'a nama (A

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Requi	red Attachments:
$\boxtimes^{}$	Admissions Policy for Deconcentration
\boxtimes	FY 2000 Capital Fund Program Annual Statement
	Most recent board-approved operating budget (Required Attachment for PHAs
	that are troubled or at risk of being designated troubled ONLY)
\boxtimes	Public Housing Community Service Requirements
O	ptional Attachments:
\geq	PHA Management Organizational Chart
\geq	FY 2000 Capital Fund Program 5 Year Action Plan
\geq	Public Housing Drug Elimination Program (PHDEP) Plan
	Comments of Resident Advisory Board or Boards (must be attached if not included
	in PHA Plan text)
	Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review			
Applicable	Applicable Supporting Document Applicable Plan Compone		
&			
On Display			
	PHA Plan Certifications of Compliance with the PHA Plans	5 Year and Annual Plans	
X	and Related Regulations		
	State/Local Government Certification of Consistency with the	5 Year and Annual Plans	
X	Consolidated Plan		

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Applicable Plan Component	
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs	
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;	
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies	
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies	
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination	
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination	
X	Section 8 rent determination (payment standard) policies Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination	

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Applicable Plan Component	
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance	
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures	
X	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures	
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs	
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs	
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs	
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs	
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition	
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing	
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing	
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership	
	Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership	
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency	
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency	
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency	
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention	

	List of Supporting Documents Available for Review			
Applicable	Supporting Document	Applicable Plan Component		
&				
On Display				
	The most recent fiscal year audit of the PHA conducted	Annual Plan: Annual Audit		
	under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.			
X	S.C. 1437c(h)), the results of that audit and the PHA's			
	response to any findings			
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs		
	Other supporting documents (optional)	(specify as needed)		
	(list individually; use as many lines as necessary)			

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

	Housing 1	Needs of I	amilies in	the Juris	diction		
		by F	amily Typ	e			
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of							
AMI	907	N/A	N/A	N/A	N/A	N/A	N/A
Income >30% but							
<=50% of AMI	833	N/A	N/A	N/A	N/A	N/A	N/A
Income >50% but							
<80% of AMI	682	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	765	N/A	N/A	N/A	N/A	N/A	N/A
Families with							
Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White Non-Hispanic	5816	N/A	N/A	N/A	N/A	N/A	N/A
Black Non-Hispanic	299	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	121	N/A	N/A	N/A	N/A	N/A	N/A
Native American	41	N/A	N/A	N/A	N/A	N/A	N/A
Asian/Pacific	72	N/A	N/A	N/A	N/A	N/A	N/A

What sources of information did the PHA use to conduct this analysis? (Check all that apply;

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

sub-jurisdictional public housing waiting lists at their option.					
Housing Needs of Families on the Waiting List					
Waiting list type: (selec	t one)				
Section 8 tenan	t-based assistance				
Public Housing					
Combined Secti	Combined Section 8 and Public Housing				
Public Housing Site-Based or sub-jurisdictional waiting list (optional)					
If used, identify which development/subjurisdiction:					
	# of families	% of total families	Annual Turnover		
Waiting list total 987			51		
Extremely low income					
<=30% AMI	980	99.3			

Housing Needs of Families on the Waiting List				
Very low income (>30% but <=50% AMI)	6	0.6		
Low income (>50% but <80% AMI)	1	0.1		
Families with children	787	79.8		
Elderly families	178	18.0		
Families with	170	10.0		
Disabilities	22	2.2		
White Non-Hispanic	190	19.2		
Black Non-Hispanic	576	58.4		
Hispanic	217	22.0		
Other	4	.4		
Characteristics by				
Bedroom Size (Public				
Housing Only)				
1BR				
2 BR				
3 BR				
4 BR				
5 BR				
5+ BR				
Is the waiting list close	ed (select one)? No	Yes		
If yes:				
How long has i	it been closed (# of mont	hs)? 9		
Does the PHA	expect to reopen the list	in the PHA Plan year?	No Yes	
Does the PHA	permit specific categories	s of families onto the wait	ing list, even if	
generally close	d? ⊠ No □ Yes			
Waiting list type: (selec	et one)			
Section 8 tenan	t-based assistance			
Public Housing				
Combined Secti	on 8 and Public Housing	5		
Public Housing	Site-Based or sub-jurisdie	ctional waiting list (option	nal)	
If used, identify	which development/subj			
	# of families	% of total families	Annual Turnover	

Hou	ısing Needs of Fa	milies on the Waiting Li	st
Waiting list total	287		34
Extremely low income			
<=30% AMI	204	71.0	
Very low income			
(>30% but <=50%	55	19.2	
AMI)			
Low income			
(>50% but <80%	28	9.8	
AMI)			
Families with children			
	13	4.5	
Elderly families	214	74.6	
Families with			
Disabilities	60	20.9	
White Non-Hispanic	229	79.8	
Black Non-Hispanic	18	6.3	
Hispanic	30	10.5	
American Indian	5	1.7	
Asian	5	1.7	
Characteristics by			
Bedroom Size (Public			
Housing Only)			
0BR	231	80.5	
1 BR	25	8.7	
2 BR	23	8.0	
3 BR	8	2.8	
4 BR			
5 BR			
Is the waiting list closed (select one)? $\overline{\boxtimes}$ N	o Yes	
If yes:			
How long has it be	een closed (# of mo	onths)?	_
	•	ist in the PHA Plan year?	
	_ ^ _ ~	ries of families onto the wait	ting list, even if
generally closed?	No Yes		

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select al	ll that apply
\boxtimes	Employ effective maintenance and management policies to minimize the number of public housing units off-line
\boxtimes	Reduce turnover time for vacated public housing units
	Reduce time to renovate public housing units
	Seek replacement of public housing units lost to the inventory through mixed finance development
	Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
\boxtimes	Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
	Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
\boxtimes	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
\boxtimes	Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
	Other (list below)
Strateg	gy 2: Increase the number of affordable housing units by:
Select al	ll that apply
	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of
	finance housing
\boxtimes	Pursue housing resources other than public housing or Section 8 tenant-based
	assistance.
	Other: (list below)
Need:	Specific Family Types: Families at or below 30% of median

	gy 1: Target available assistance to families at or below 30 % of AMI
Select al	l that apply
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
	Employ admissions preferences aimed at families with economic hardships
X	Adopt rent policies to support and encourage work
	Other: (list below)
	Other. (list octow)
Need:	Specific Family Types: Families at or below 50% of median
	gy 1: Target available assistance to families at or below 50% of AMI
Select al	l that apply
\square	Employ admissions professores aimed at families who are working
	Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work
H	Other: (list below)
	Other. (list below)
Need:	Specific Family Types: The Elderly
Strates	ev 1: Target available assistance to the elderly:
	gy 1: Target available assistance to the elderly: l that apply
	•
	•
	I that apply
	Seek designation of public housing for the elderly
	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below)
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities gy 1: Target available assistance to Families with Disabilities:
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504
Need: Strates Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they
Need: Strates Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities sy 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available
Need: Strates Select al	Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Specific Family Types: Families with Disabilities By 1: Target available assistance to Families with Disabilities: I that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strateg	gy 1: Increase awareness of PHA resources among families of races and
	ethnicities with disproportionate needs:
Select if	applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs
	Other: (list below)
_	gy 2: Conduct activities to affirmatively further fair housing
Select al	l that apply
\boxtimes	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
\boxtimes	Market the section 8 program to owners outside of areas of poverty /minority concentrations
	Other: (list below)
Other	Housing Needs & Strategies: (list needs and strategies below)
	factors listed below, select all that influenced the PHA's selection of the strategies it rsue:
	Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA Influence of the housing market on PHA programs Community priorities regarding housing assistance Passults of consultation with local or state government
	Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups
	Other: (list below) atement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the

Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses			
Sources	Planned \$	Planned Uses	
1. Federal Grants (FY 2000 grants)			
a) Public Housing Operating Fund	\$349,380.00		
b) Public Housing Capital Fund	\$492,436.00		
c) HOPE VI Revitalization			
d) HOPE VI Demolition			
e) Annual Contributions for Section 8			
Tenant-Based Assistance	\$1,660,870.00		
f) Public Housing Drug Elimination			
Program (including any Technical	\$72,893.00		
Assistance funds)			
g) Resident Opportunity and Self-			
Sufficiency Grants	0		
h) Community Development Block			
Grant	0		
i) HOME	0		
Other Federal Grants (list below)			
2. Prior Year Federal Grants			
(unobligated funds only) (list below)			
CGP	0		
PHDEP	0		
3. Public Housing Dwelling Rental		Public Housing	
Income	\$907,559.00	Operations	
4. Other income (list below)			
Laundry Receipts		Public Housing	
	\$4,926.00	Operations	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Non-federal sources (list below)	0	
Total resources	\$3,488,064.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. Whe	en does the PHA verify eligibility for admission to public housing? (select all that apply) When families are within a certain number of being offered a unit: (state number)
	Top of List
	When families are within a certain time of being offered a unit: (state time)
	Other: (describe)
	ich non-income (screening) factors does the PHA use to establish eligibility for
	nission to public housing (select all that apply)?
\boxtimes	Criminal or Drug-related activity
\boxtimes	Rental history
	Housekeeping
\boxtimes	Other (describe) Credit Checks
c. 🔀	Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. 🔀	Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. 🔀	Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select
all that apply) Community-wide list
Sub-jurisdictional lists
Site-based waiting lists
Other (describe)
b. Where may interested persons apply for admission to public housing?
PHA main administrative office
PHA development site management office
Other (list below)
c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment
1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the
upcoming year (that is, they are not part of a previously-HUD-
approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the
site-based waiting lists (select all that apply)?
PHA main administrative office
All PHA development management officesManagement offices at developments with site-based waiting lists
At the development to which they would like to apply
Other (list below)
(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

One Two Removed Three or More
b. Xes No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
a. Income targeting: Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Overhoused Underhoused Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)
c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence

	Substandard housing Homelessness High rent burden (rent is > 50 percent of income)	
Other p	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)	
3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc. Date and Time		
Former	Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden	
Other p	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)	

4. Relationship of preferences to income targeting requirements:

	The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Oc	<u>ecupancy</u>
	at reference materials can applicants and residents use to obtain information about the es of occupancy of public housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list)
b. How that ap	v often must residents notify the PHA of changes in family composition? (select all ply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision Other (list)
	Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures
	to promote deconcentration of poverty or income mixing?
b. 🔀	Yes No: Did the PHA adopt any changes to its admissions policies based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
c. If th	e answer to b was yes, what changes were adopted? (select all that apply) Adoption of site-based waiting lists If selected, list targeted developments below:
\boxtimes	Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below: West Hill Gardens, West Hill Garden Annex, Mayfair Gardens

	Employing new admission preferences at targeted developments If selected, list targeted developments below:
	Other (list policies and developments targeted below)
d. 🗌	Yes No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
e. If th	ne answer to d was yes, how would you describe these changes? (select all that apply)
	Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and incomemixing Other (list below) ed on the results of the required analysis, in which developments will the PHA make efforts to attract or retain higher-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts
	List (any applicable) developments below: Mayfair Gardens ed on the results of the required analysis, in which developments will the PHA make
_	efforts to assure access for lower-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below: West Hill Gardens and West Hill Gardens Annex
B. Se	ction 8
Unless o	ions: PHAs that do not administer section 8 are not required to complete sub-component 3B. otherwise specified, all questions in this section apply only to the tenant-based section 8 uce program (vouchers, and until completely merged into the voucher program, certificates).
(1) Eli	gibility
a. Wha	at is the extent of screening conducted by the PHA? (select all that apply) Criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below) Other (list below)
b. X Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. X Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. X Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
 e. Indicate what kinds of information you share with prospective landlords? (select all that apply) Criminal or drug-related activity Other (describe below) <i>Rental History</i>
(2) Waiting List Organization
 a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below)
 b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) PHA main administrative office Other (list below)
(3) Search Time
a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?
If yes, state circumstances below:

OMB Approval No: 2577-0226 Expires: 03/31/2002 If the family documents their efforts and additional time can reasonably be expected to result in success or the family contains a person with a disability.

(4) Admissions Preferences

a. Income targeting
Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?
 b. Preferences 1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)

space that priority, through a	PHA will employ admissions preferences, please prioritize by placing a "1" in the at represents your first priority, a "2" in the box representing your second and so on. If you give equal weight to one or more of these choices (either an absolute hierarchy or through a point system), place the same number next to hat means you can use "1" more than once, "2" more than once, etc.
]	Date and Time
]] S	Federal preferences Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
	Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in your jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
selected I	ng applicants on the waiting list with equal preference status, how are applicants ? (select one) Date and time of application Drawing (lottery) or other random choice technique PHA plans to employ preferences for "residents who live and/or work in the liction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan
	ionship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

 a. In which documents or other reference materials are the policies g selection, and admissions to any special-purpose section 8 progra PHA contained? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below) 	
 b. How does the PHA announce the availability of any special-pur to the public? Through published notices Other (list below) 	pose section 8 programs
4. PHA Rent Determination Policies [24 CFR Part 903.7 9 (d)] A. Public Housing	
Exemptions: PHAs that do not administer public housing are not required to 4A.	complete sub-component
(1) Income Based Rent Policies	
Describe the PHA's income based rent setting policy/ies for public housing to discretionary (that is, not required by statute or regulation) income disregard appropriate spaces below.	
a. Use of discretionary policies: (select one)	
The PHA will not employ any discretionary rent-setting police rent in public housing. Income-based rents are set at the hig monthly income, 10% of unadjusted monthly income, the we rent (less HUD mandatory deductions and exclusions). (If succeeding the component (2))	ther of 30% of adjusted lfare rent, or minimum
or	
The PHA employs discretionary policies for determining inc selected, continue to question b.)	ome based rent (If

(5) Special Purpose Section 8 Assistance Programs

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26.\$50
\$26-\$50
2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes to question 2, list these policies below:
c. Rents set at less than 30% than adjusted income
1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below: A deduction of 10% of gross income for working families. For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
e. Ceiling rents

1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
	Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)
f. I	Rent re-determinations:
fan	Between income reexaminations, how often must tenants report changes in income or nily composition to the PHA such that the changes result in an adjustment to rent? (select that apply) Never At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) Other (list below)

residents (IS	plan to implement individual savings accounts for SAs) as an alternative to the required 12 month e of earned income and phasing in of rent increases in ar?
(2) Flat Rents	
establish comparability? (select a	eness study of comparable housing I newspaper units in the neighborhood
Exemptions: PHAs that do not administe sub-component 4B. Unless otherwise spe	r Section 8 tenant-based assistance are not required to complete cified, all questions in this section apply only to the tenant-hers, and until completely merged into the voucher program,
(1) Payment Standards	
Describe the voucher payment standards	and policies.
standard) At or above 90% but below 100% of FMR Above 100% but at or below	
(select all that apply) FMRs are adequate to ensure of the FMR area The PHA has chosen to serve Reflects market or submarket Other (list below)	than FMR, why has the PHA selected this standard? e success among assisted families in the PHA's segment e additional families by lowering the payment standard et than FMR, why has the PHA chosen this level? (select

\boxtimes	FMRs are not adequate to ensure success among assisted families in the PHA's
∇	segment of the FMR area Reflects market or submarket
	To increase housing options for families
	Other (list below)
d. Hov	w often are payment standards reevaluated for adequacy? (select one)
\boxtimes	Annually
	Other (list below)
e. Wha	t factors will the PHA consider in its assessment of the adequacy of its payment
	dard? (select all that apply)
\boxtimes	Success rates of assisted families
X	Rent burdens of assisted families
	Other (list below)
(2) Mir	nimum Rent
a. Wha	t amount best reflects the PHA's minimum rent? (select one) \$0
	\$1-\$25
	\$26-\$50
, \Box ,	57 N H 4 DHA 1 4 1 1 2 2 2 2 4 1 112
D	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
5. Op	erations and Management
	Part 903.7 9 (e)]
Exemption	ons from Component 5: High performing and small PHAs are not required to complete this
_	Section 8 only PHAs must complete parts A, B, and C(2)
4 DII	
	A Management Structure the PHA's management structure and organization.
(select of	
	An organization chart showing the PHA's management structure and organization is
<u></u>	attached.
	A brief description of the management structure and organization of the PHA follows:
B. HUI	O Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year	Expected Turnover
	Beginning	Turnover
Public Housing	318	34
Section 8 Vouchers	73	14
Section 8 Certificates	188	37
Section 8 Mod Rehab		
Special Purpose Section		
8 Certificates/Vouchers		
(list individually)		
Public Housing Drug		
Elimination Program	318	N/A
(PHDEP)		
CGP	318	N/A
Other Federal		
Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Capitalization Policy

Check Signing Authorization Policy

Criminal, Drug Treatment, and Registered Sex Offender Policy

Disposition Policy

Drug-Free Workplace Policy

Equal Housing Opportunity Policy

Ethics Policy Facilities Use Policy Funds Investment Policy Funds Transfer Policy *Grievance Policy* Maintenance Plan Personnel Policy Pest Control Policy Pet Policy

Procurement Policy

Sexual Harassment Policy

(2) Section 8 Management: (list below) Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing 1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?
If yes, list additions to federal requirements below:
 2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply) PHA main administrative office PHA development management offices Other (list below)
B. Section 8 Tenant-Based Assistance 1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based

assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

 2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply) PHA main administrative office Other (list below)
7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)]
Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.
A. Capital Fund Activities
Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.
(1) Capital Fund Program Annual Statement
Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template OR , at the PHA's option, by completing and attaching a properly updated HUD-52837.
Select one:
The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) HUD Form 52837 Annual Statement/Performance and Evaluation Report Comprehensive Grant Program CT026a01
-or-
The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the

PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

(2) Optional 5-Year Action Plan

a. 🗌	Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If y ⊠	res to question a, select one: The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) HUD Form 52834 Five-Year Action Plan CT026b01
-or-	
	The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)
	OPE VI and Public Housing Development and Replacement vities (Non-Capital Fund)
HOPE '	ability of sub-component 7B: All PHAs administering public housing. Identify any approved VI and/or public housing development or replacement activities not described in the Capital Fund in Annual Statement.
Y	 a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
	1. Development name:
	2. Development (project) number:
	3. Status of grant: (select the statement that best describes the current status) Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway
Ye	es No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:
Ye	es No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:			
8. Demolition and Disposition			
[24 CFR Part 903.7 9 (h)]			
Applicability of component 8: Section 8 only PHAs are not required to complete this section.			
1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)			
2. Activity Description			
Yes No: Has the PHA provided the activities description information in the optional Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)			
Demolition/Disposition Activity Description			
1a. Development name:			
1b. Development (project) number:			
2. Activity type: Demolition			
Disposition			
3. Application status (select one)			
Approved			
Submitted, pending approval			
Planned application			
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)			
5. Number of units affected:			
6. Coverage of action (select one)			
Part of the development Total development			
7. Timeline for activity:			
a. Actual or projected start date of activity:			
b. Projected end date of activity:			

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

124 CFR	Dart	003.7	Ο	<i>(</i> i)	1
124 CFK	Part	905.7	9	(1)	ı

Exemptions from Compon	ent 9; Section 8 only PHAs are not required to complete this section.
1. ⊠ Yes □ No:	Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)
2. Activity Description	
Yes No:	Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description			
1a. Development name: West Hill Gardens			
1b. Development (project) number: CT26PO26001			
2. Designation type:			
Occupancy by only the elderly \boxtimes			
Occupancy by families with disabilities			
Occupancy by only elderly families and families with disabilities			
3. Application status (select one)			
Approved; included in the PHA's Designation Plan			
Submitted, pending approval			
Planned application			

4. Date this designation approved, submitted, or planned for submission: (20/06/00)				
5. If approved, will this designation constitute a (select one)				
New Designation Plan				
Revision of a previously-approved Designation Plan?				
6. Number of units af	6. Number of units affected: 100			
7. Coverage of action (select one)				
Part of the development				
X Total development	Total development			
40.0				
<u> </u>	f Public Housing to Tenant-Based Assistance			
[24 CFR Part 903.7 9 (j)]	nent 10; Section 8 only PHAs are not required to complete this section.			
Exemptions from Compos	nent 10, section 0 only 11111s are not required to complete unis section.			
A. Assessments of R	Reasonable Revitalization Pursuant to section 202 of the HUD			
	O Appropriations Act			
1. ☐ Yes ☒ No:	Have any of the PHA's developments or portions of developments			
	been identified by HUD or the PHA as covered under section 202			
	of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to			
	component 11; if "yes", complete one activity description for each			
	identified development, unless eligible to complete a streamlined			
	submission. PHAs completing streamlined submissions may skip to			
	component 11.)			
2. Activity Description	n			
Yes No:	Has the PHA provided all required activity description information			
	for this component in the optional Public Housing Asset			
	Management Table? If "yes", skip to component 11. If "No",			
	complete the Activity Description table below.			
	nversion of Public Housing Activity Description			
1a. Development name				
1b. Development (proj	ect) number:			

2. What is the status of the required assessment?
Assessment underway
Assessment results submitted to HUD
Assessment results approved by HUD (if marked, proceed to next question)
Other (explain below)
3. Yes No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to
block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status)
Conversion Plan in development
<u> </u>
Conversion Plan submitted to HUD on: (DD/MM/YYYY)
Conversion Plan approved by HUD on: (DD/MM/YYYY)
Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than
conversion (select one)
Units addressed in a pending or approved demolition application (date
submitted or approved:
Units addressed in a pending or approved HOPE VI demolition application
(date submitted or approved:)
Units addressed in a pending or approved HOPE VI Revitalization Plan (date
submitted or approved:)
Requirements no longer applicable: vacancy rates are less than 10 percent
Requirements no longer applicable: site now has less than 300 units
Other: (describe below)
Guier (deserre seron)
D. D
B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of
1937
C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of
1937
11. Homeownership Programs Administered by the PHA
[24 CFR Part 903.7 9 (k)]
A. Public Housing
Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.
1. Yes No: Does the PHA administer any homeownership programs
administered by the PHA under an approved section 5(h)
homeownership program (42 U.S.C. 1437c(h)), or an approved
rome in the problem (12 closes 1 to re(11)), or an approved

HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description Yes No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)	
Public Housing Homeownership Activity Description	
(Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
HOPE I	
5(h)	
Turnkey III	
Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
Approved; included in the PHA's Homeownership Plan/Program	
Submitted, pending approval	
Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	
(DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
Part of the development	
Total development	
B. Section 8 Tenant Based Assistance	
1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12;	

if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

	on:
a. Size of Program Yes No:	Will the PHA limit the number of families participating in the section 8 homeownership option?
number of par 25 or 1 26 - 5 51 to 1	to the question above was yes, which statement best describes the ticipants? (select one) fewer participants 0 participants 100 participants than 100 participants
S	igibility criteria the PHA's program have eligibility criteria for participation in its ection 8 Homeownership Option program in addition to HUD criteria yes, list criteria below:
	unity Service and Self-sufficiency Programs
[24 CFR Part 903.7 9 (l)] Exemptions from Component	nent 12: High performing and small PHAs are not required to complete this nly PHAs are not required to complete sub-component C.
[24 CFR Part 903.7 9 (1)] Exemptions from Compon component. Section 8-On	nent 12: High performing and small PHAs are not required to complete this
[24 CFR Part 903.7 9 (1)] Exemptions from Comporcomponent. Section 8-Or A. PHA Coordination 1. Cooperative agreent Yes No: Has	nent 12: High performing and small PHAs are not required to complete this nly PHAs are not required to complete sub-component C. on with the Welfare (TANF) Agency

	Jointly administer programs Partner to administer a HUD Welfare-to-Work voucher program Joint administration of other demonstration program Other (describe)				
в. Se	ervices and programs offered to residents and participants				
	(1) General				
	 a. Self-Sufficiency Policies Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply) Public housing rent determination policies Public housing admissions policies Section 8 admissions policies Preference in admission to section 8 for certain public housing families Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA Preference/eligibility for public housing homeownership option participation Preference/eligibility for section 8 homeownership option participation Other policies (list below) 				
	b. Economic and Social self-sufficiency programs				
	Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)				
	Services and Programs				

Program Name & Description (including	Estimated	Allocation	Access	Eligibility
location, if appropriate)	Size	Method	(development office /	(public housing or
		(waiting	PHA main office / other	section 8
		list/random	provider name)	participants or
		selection/specific		both)
		criteria/other)		
Visiting Nurses Health Services	80	Specific Criteria	PHA Main Office	BOTH
Jefferson House Adult Daycare	12	Specific Criteria	PHA Main Office	BOTH
Manchester Police Sport Athletic League	5	Specific Criteria	PHA Main Office	BOTH
Genesis Center Psychiatric Rehab	25	Specific Criteria	PHA Main Office	BOTH
Meal On Wheels	23	Specific Criteria	PHA Main Office	BOTH
Energy Assistance	15	Specific Criteria	PHA Main Office	ВОТН
Renter's Rebate Program	200	Specific Criteria	PHA Main Office	ВОТН
ConnPACE Reduced Prescriptions	50	Specific Criteria	PHA Main Office	ВОТН
Friendly Visitor Socialization Program	20	Specific Criteria	PHA Main Office	ВОТН
Connecticut Home Care	15	Specific Criteria	PHA Main Office	ВОТН

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation					
Program		Required Number of Participants	Actual Number of Participants		
		(start of FY 2000 Estimate)	(As of: DD/MM/YY)		
Public Housing					
		0			
Section 8					
		0			

b. X Yes No:	If the PHA is not maintaining the minimum program size required by
	HUD, does the most recent FSS Action Plan address the steps the
	PHA plans to take to achieve at least the minimum program size?
	If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. Th	e PHA is complying with the statutory requirements of section 12(d) of the U.S.
Ho	busing Act of 1937 (relating to the treatment of income changes resulting from welfare
pro	ogram requirements) by: (select all that apply)
\boxtimes	Adopting appropriate changes to the PHA's public housing rent determination
	policies and train staff to carry out those policies
\times	Informing residents of new policy on admission and reexamination
\boxtimes	Actively notifying residents of new policy at times in addition to admission and
	reexamination.
	Establishing or pursuing a cooperative agreement with all appropriate TANF
	agencies regarding the exchange of information and coordination of services

 Establishing a protocol for exchange of information with all appropriate TANF agencies Other: (list below) 			
D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937			
13. PHA Safety and Crime Prevention Measures [24 CFR Part 903.7 9 (m)]			
Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.			
A. Need for measures to ensure the safety of public housing residents			
 Describe the need for measures to ensure the safety of public housing residents (select all that apply) High incidence of violent and/or drug-related crime in some or all of the PHA's developments High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments Residents fearful for their safety and/or the safety of their children Observed lower-level crime, vandalism and/or graffiti People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime Other (describe below) 			
2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).			
 Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandalism and removal of graffiti Resident reports PHA employee reports Police reports Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug 			
Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs Other (describe below)			

3. Which developments are most affected? (list below)

Scattered Sites

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

	the crime prevention activities the PHA has undertaken or plans to undertake: (select
all that a	Contracting with outside and/or resident organizations for the provision of crime-
	and/or drug-prevention activities
	Crime Prevention Through Environmental Design
	Activities targeted to at-risk youth, adults, or seniors
	Volunteer Resident Patrol/Block Watchers Program
\boxtimes	Other (describe below) Police Bike Patrols
2. Whi	ch developments are most affected? (list below)
	Scattered Sites
C. Coo	ordination between PHA and the police
	cribe the coordination between the PHA and the appropriate police precincts for gout crime prevention measures and activities: (select all that apply)
	Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
\boxtimes	Police provide crime data to housing authority staff for analysis and action
	Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
	Police regularly testify in and otherwise support eviction cases
	Police regularly meet with the PHA management and residents
	Agreement between PHA and local law enforcement agency for provision of above-
	baseline law enforcement services
	Other activities (list below)
	ch developments are most affected? (list below)
	Scattered Sites
D. Add	litional information as required by PHDEP/PHDEP Plan
	gible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior tof PHDEP funds.

Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan? Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: <u>CT026c01</u>)
14. RESERVED FOR PET POLICY
[24 CFR Part 903.7 9 (n)]
15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)]
Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.
16. Fiscal Audit [24 CFR Part 903.7 9 (p)]
1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain?
5. Yes No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?
17. PHA Asset Management [24 CFR Part 903.7 9 (q)]
Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.
1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have not been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply) Not applicable Private management

Development-based accounting				
Comprehensive stock assessment				
Other: (list below	N)			
	the PHA included descriptions of asset management activities in the ptional Public Housing Asset Management Table?			
18. Other Inform [24 CFR Part 903.7 9 (r)]	<u>ation</u>			
A. Resident Advisory	Board Recommendations			
	the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?			
·	are: (if comments were received, the PHA MUST select one) chment (File name)			
Considered com necessary.	he PHA address those comments? (select all that apply) ments, but determined that no changes to the PHA Plan were ed portions of the PHA Plan in response to comments ow:			
Other: (list below)				
B. Description of Elec	ction process for Residents on the PHA Board			
1. ☐ Yes ⊠ No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)			
2. ☐ Yes ⊠ No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)			
3. Description of Resident Election Process				

a. Non	ination of candidates for place on the ballot: (select all that apply)
	Candidates were nominated by resident and assisted family organizations
	Candidates could be nominated by any adult recipient of PHA assistance
	Self-nomination: Candidates registered with the PHA and requested a place on
	ballot
	Other: (describe)
b. Elig	rible candidates: (select one)
	Any recipient of PHA assistance
	Any head of household receiving PHA assistance
	Any adult recipient of PHA assistance
	Any adult member of a resident or assisted family organization
	Other (list)
c. Elig	ible voters: (select all that apply)
	All adult recipients of PHA assistance (public housing and section 8 tenant-based
	assistance)
	Representatives of all PHA resident and assisted family organizations
	Other (list)
	atement of Consistency with the Consolidated Plan applicable Consolidated Plan, make the following statement (copy questions as many times as
	n applicable Consolidated Plan, make the following statement (copy questions as many times as
For each	n applicable Consolidated Plan, make the following statement (copy questions as many times as
For each necessard. Con 2. The	n applicable Consolidated Plan, make the following statement (copy questions as many times as ry).
For each necessard. Con 2. The	n applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray). In applicable Consolidated Plan, make the following statement (copy questions as many times as ray).
For each necessarian necessarian. Con 2. The Cor	n applicable Consolidated Plan, make the following statement (copy questions as many times as ry). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the isolidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
For each necessard. Con 2. The	n applicable Consolidated Plan, make the following statement (copy questions as many times as ry). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the solidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the
For each necessard. Con 2. The Con	n applicable Consolidated Plan, make the following statement (copy questions as many times as ray). Insolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the isolidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
For each necessarian necessarian. Con 2. The Cor	n applicable Consolidated Plan, make the following statement (copy questions as many times as ry). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the solidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development
For each necessard. Con 2. The Con	n applicable Consolidated Plan, make the following statement (copy questions as many times as ray). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the isolidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
For each necessard. Con 2. The Con	n applicable Consolidated Plan, make the following statement (copy questions as many times as ry). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the solidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with the
For each necessard. Con 2. The Con	n applicable Consolidated Plan, make the following statement (copy questions as many times as ray). Isolidated Plan jurisdiction: (provide name here) <i>Town of Manchester</i> PHA has taken the following steps to ensure consistency of this PHA Plan with the isolidated Plan for the jurisdiction: (select all that apply) The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plan of the agency and which require formal approval of the Board of Commissioners.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

CT026a01	HUD52837 – Annual Statement/Performance and Evaluation Report
CT026b01	HUD52834 – Five Year Action Plan
CT026c01	Public Housing Drug Elimination Program Plan
CT026d01	Organizational Chart
CT026e01	Flat Rents
CT026f01	Deconcentration Policy
CT026g01	Implementation of Public Housing Resident Community Service Requirements

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number	FFY of Grant Approval:	(MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	Transfer in	
	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	Optional 5-Year Action	on Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units		cancies elopment	
Description of Neo	eded Physical Improvements or Ma	nagement Improve	ments	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated co	ost over next 5 years				

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

	Public Housing Asset Management										
	lopment		Activity Description								
Ident	ification										
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition / disposition Component 8	Designated housing Component 9	Conversion Component 10	Home- ownership Compone nt 11a	Other (describe) Component 17			

Annual Statement / Performance and Evaluation Report Comprehensive Grant Program (CGP) Part I: Summary

HA Name

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 3/31/2002)

Comprehensive Grant Number: FFY of Grant Approval: Housing Authority of the Town of Manchester CT26PO2650100 2000 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revisions Number Performance and Evaluation Report for Program Year Ending Final Performance and Evaluation Report Total Estimated Cost Total Actual Cost² Revised1 Line No. Summary by Development Account Original Obligated Expended 1 Total Non-CGP Funds 2 Operations (may not exceed 10% of line 20) 10.087.00 1408 Management Improvements 1410 Administration 82.000.00 1411 Audit 1415 Liquidated Damages Fees and Costs 1430 15.000.00 1440 Site Acquisition 1450 Site Improvement 69.000.00 10 1460 **Dwelling Structures** 150,000.00 11 1465.1 Dwelling Equipment - Nonexpendable 16,349.00 12 1470 Non-dwelling Structures 150.000.00 13 1475 Non-dwelling Equipment 14 1485 Demolition 15 Replacement Reserve 16 1492 Moving to Work Demonstration 17 1495.1 Relocation Costs 18 Mod Used for Development 1498 19 1502 Contingency (may not exceed 8% of line 20) 20 Amount of Annual Grant (Sum of lines 2-19) 492.436.00 21 Amount of line 20 Related to LBP Activities 22 Amount of line 20 Related to Section 504 Compliance 23 Amount of line 20 Related to Security 24 Amount of line 20 Related to Energy Conservation Measures Signature of Public Housing Director/Office of Native American Programs Administrator & Date: Signature of Executive Director and Date: Carol C. Shanlev May 17, 2000 Χ ¹To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page <u>1</u> of <u>3</u> form HUD 52837 (9/98)



Annual Statement / Performance and Evaluation Report Comprehensive Grant Program (CGP) Part II: Supporting Pages

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Development		Development		Total Estin	nated Cost	Total Ad	ctual Cost	
Number/Name HA-Wide Activities	General Description of Major Work Categories	Account Number	Quantity	Original	Revised ¹	Funds Obligated ²	Funds Expended ²	Status of Proposed Work ²
CT26-005	New roof and new siding	1460	4 units	20,000.00				
CT26-006	New roofs	1460	6 units	30,000.00				
CT26-001	New roof	1460	100 units	100,000.00				
CT26-001	Driveway Repair	1450	100 units	40,000.00				
PHA-WIDE	Garage	1470	318 units	150,000.00				
CT26-002	Driveway Repair	1450	100 units	29,000.00				
CT26-003	Stoves and Refrigerators	1465.1	25 units	16,349.00				
PHA-WIDE Administration	A. Salary-MOD Coordinator B. Salary MOD-Secretary	1410 1410	318 units 318 units	47,000.00 35,000.00				
PHA-WIDE MANAGEMENT IMPROVEMENTS	Improve Computer	1408	22%	10,087.00				
Fees & Costs	A&E for garage etc.	1430	318 units	15,000.00				

Carol C. Shanley May 17, 2000		
_ X	X	
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	Page <u>2</u> of <u>3</u>	form HUD 52837 (9/98)

²To be completed for the Performance and Evaluation Report

ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

					Office (of Public and Indiar	i i iodoli ig
Development Number/Name		Obligated (Quarter	Ending Date)		Expended (Quarter E	Ending Date)	Reasons for Revised Target Dates ²
HA-Wide Activities	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
CT26-001 Westhill Gardens	9/30/2002			9/30/2003			
CT26-002 Westhill Gardens Annex	9/30/2002			9/30/2003			
CT26-003 Mayfair Gardens	9/30/2002			9/30/2003			
CT26-005	9/30/2002			9/30/2003			
CT26-006	9/30/2002			9/30/2003			
PHA-WIDE Management Improvements	9/30/2002			9/30/2003			

Signature of Executive Director & Date:	Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
X Carol C. Shanley	X
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page	3 of 3 form HUD 52837 (9/9
² To be completed for the Performance and Evaluation Report	ref Handbook 748

Five-Year Action Plan Part I: Summary

U.S. Department of Housing and Urban Development

OMB Approval No. 2577--0157 (exp. 3/31/2002)

form **HUD-52834** (10/96)

Comprehensive Grant Program (CGP)
HA Name:

Office of Public and Indian Housing
Locality: (City/county & State)

Comprenensive Grant Program HA Name:	i (CGP)	Locality: (City/county & S	State)	│	Revision No.
Manchester Housing Auth	ority	Manchester (H	artford County), Connecticut		L KENIZIOH MO.
A.	Work Stmt.	Work Statement for	Work Statement for	Work Statement for	Work Statement for
Development Number/Name	for Year 1 FFY: <u>2000</u>	Year 2 FFY: <u>2001</u>	Year 3 FFY: <u>2002</u>	Year 4 FFY: <u>2003</u>	Year 5 FFY: <u>2004</u>
CT26-001 Westhill Gardens	FF1. <u>2000</u>	197,913.00	150,000.00	170,872.00	150,000.00
CT26-002 Westhill Gardens Annex	Soc	117,436.00	120,872.00	100,000.00	140,000.00
CT26-003 Mayfair Gardens	See	76,000.00	120,477.00	50,000.00	101,349.00
CT26-005	Annual			40,000.00	
CT26-006	Statement			30,477.00	
B. Physical Improvements Subtotal		391,349.00	391,349.00	391,349.00	391,349.00
C. Management Improvements		10,000.00	10,000.00	5,000.00	5,000.00
D. HA-Wide Nondwelling Structures and Equipment E. Administration		90,000.00	90,000,00	95,000.00	95,000.00
F. Other					
G. Operations					
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds		491,349.00	491,349.00	491,349.00	491,349.00
L. Total Non-CGP Funds					
M. Grand Total		491,349.00	491,349.00	491,349.00	491,349.00
Signature of Executive Director & Date: Executiv	Lecutive Director arol C. Shanley	,	Signature of Public Housing Director/Off	I ice of Native American Programs <i>I</i>	I Administrator & Date:

Page 1 of 5

5/17/00

	ref Handbook 7485.3

Five-Year Action Plan Part II: Supporting Pages Physical Needs Work Statement(s)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Comprehensive Grant Program (CGP)

Work	Work Statement for Year	2		Work Statement for Year	3	
Statement	FFY: <u>2001</u>	<u> </u>		FFY:2002		
for Year 1 FFY: <u>2000</u>	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	CT26-1 A. Repair Basement Stairs	100 units	40,000.00	CT26-1 Electrical Upgrade	50 units	150,000.00
	B. Replace Cupboards C. Parking Lot Expansion	100 units 100 units	77,436.00 80,477.00	CT26-2 Electrical Upgrade CT26-3 Electrical Upgrade	46 units 41 units	120,872.00 120,477.00
	CT26-2 A. Repair Basement Stairs	100 units	40,000.00			
See	B. Replace Cupboards	100 units	77,436.00			
	CT26-3 Laundry and Carpeting	76 units	76,000.00			
Annual						
Statement						

	Subtotal of Estimated Cost	391,349.00	Subtotal of Estimated Cost	391,349.00	
Page <u>2</u> of <u>5</u> form					

Five-Year Action Plan Part II: Supporting Pages Physical Needs Work Statement(s)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Comprehensive Grant Program (CGP)

Statement FFY: <u>2004</u> FFY: <u>2004</u>	Work	Work Statement for Year	4		Work Statement for	· Vear 5	
for Year 1 FFY: 2000 CT26-1 Roofing CT26-2 Roofing CT26-3 Kitchen Replacement CT26-5 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement Annual General Description of Major Work Categories 100 units 170,872.00 100,000.00 10		FFY: 2003			FFY: 20		
CT26-1 Roofing CT26-2 Roofing CT26-3 Kitchen Replacement CT26-5 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement Annual CT26-1 Finish Electrical Upgrade 100 units 100,000.00 100,	for Year 1	General Description of	Quantity	Estimated Cost	General Description of		Estimated Cost
CT26-2 Roofing CT26-3 Kitchen Replacement CT26-5 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement Annual CT26-2 Finish Electrical Upgrade 54 units 50,000.00 40,000.00 30,477.00 CT26-2 Finish Electrical Upgrade CT26-3 Finish Electrical Upgrade CT26-3 Finish Electrical Upgrade 35 units 140,000.00 101,349.00	FFY: <u>2000</u>						
CT26-3 Kitchen Replacement CT26-5 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement Annual CT26-3 Finish Electrical Upgrade CT26-3 Finish Electrical Upgrade 35 units 101,349.00 CT26-3 Finish Electrical Upgrade							
CT26-5 Vinyl Siding Replacement CT26-6 Vinyl Siding Replacement See Annual CT26-5 Vinyl Siding Replacement 6 units 40,000.00 30,477.00			100 units				
CT26-6 Vinyl Siding Replacement 4 units 30,477.00 See Annual		CT26-3 Kitchen Replacement	76 units	50,000.00	CT26-3 Finish Electrical Upgrade	35 units	101,349.00
CT26-6 Vinyl Siding Replacement 4 units 30,477.00 See Annual		CT26-5 Vinyl Siding Replacement	6 units	40,000.00			
See Annual			4 units	30,477.00			
Annual							
Annual	See						
	Annual						
Statement							
	Statement						
	Otatomon.						

Subtotal of Estimated Cost	391,349.00	Subtotal of Estimated Cost	391,349.00
		<u>5</u> fo	rm HUD-52834 (10/96)
			ref Handbook 7485.3

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s)

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year _ FFY:	2		Work Statement for Year FFY: 2002	3	
for Year 1	General Description of	Quantity	Estimated Cost	General Description of	Quantity	Estimated Cost
FFY: <u>2000</u>	Major Work Categories PHA-Wide Administration			Major Work Categories PHA-Wide Administration		
	Modernization Coordinator	040 '	44 000 00	Modernization Coordinator	040 ''	40,000,00
	Salary Benefits	318 units 318 units	41,000.00 6,150.00	Salary Benefits	318 units 318 units	42,000.00 5,880.00
		o ro armo				0,000.00
	Subtotal		47,150.00	Subtotal		47,880.00
See	Part time clerk	318 units	5,850.00	Part time clerk	318 units	4,500.00
Annual	T art time oferic	o ro ariito	0,000.00	T art time oferic	o To drinto	4,000.00
	Modernization Secretary			Modernization Secretary		
Statement	Salary Benefits	318 units 318 units	32,500.00 4,500.00	Salary Benefits	318 units 318 units	33,000.00 4,620.00
Otatement	Benefits	310 units	4,300.00	Benefits	310 units	4,020.00
	Subtotal		37,000.00	Subtotal		37,620.00
	Management Improvements			Management Improvements		
	Upgrade Computer	26%	10,000.00	Upgrade Computer	26%	10,000.00
		l	I	l		l .

Subtotal of Estimated Cost	100,000.00	Subtotal of Estimated Cost	100,000.00
	Page <u>4</u> of <u>5</u>		rm HUD-52834 (10/96) ref Handbook 7485.3

Five-Year Action Plan Part III: Supporting Pages Management Needs Work Statement(s) Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Work Statement	Work Statement for Year _ FFY: 2003	4		Work Statement for Yo FFY: 2004		
for Year 1 FFY: <u>2000</u>	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
	PHA-Wide Administration			PHA-Wide Administration		
	Modernization Coordinator	0.4.0	40.000.00	Modernization Coordinator	0.40	44.000.00
	Salary Benefits	318 units 318 units	43,000.00 6,020.00	Salary Benefits	318 units 318 units	44,000.00 6,160.00
						·
See	Subtotal		49,020.00	Subto	aı	50,160.00
Annual	Part time clerk	318 units	6,080.00	Part time clerk	318 units	3,800.00
Alliluai	Modernization Secretary			Modernization Secretary		
Statement	Salary Benefits	318 units 318 units	35,000.00 4,900.00	Salary Benefits	318 units 318 units	36,000.00 5,040.00
Statement	Delients	310 utilis	4,900.00	Deficition	310 units	5,040.00
	Subtotal		39,900.00	Subtot	al	41,040.00
	Management Improvements			Management Improvements		
	Upgrade Computer	13%	5,000.00	Upgrade Computer	13%	5,000.00

Subtotal of Estimated Cost	100,000.00	Subtotal of Estimated Cost	100,000.00
	Page <u>5</u> of <u>5</u>		m HUD-52834 (10/96) ref Handbook 7485.3

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents

- 1. General Information/History
- 2. PHDEP Plan Goals/Budget
- 3. Milestones
- 4. Certifications

Section	1:	General	Informat	tion/History
Section	1.	Guici ai	mumai	11011/1112101 A

Α.	Amount	of F	PHDEP	Grant \$	72.	.893	.00
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- B. Eligibility type (Indicate with an "x") N1_____ N2____ R_X
- C. FFY in which funding is requested 2000
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

THE MAIN GOAL OF THE DRUG ELIMINATION PLAN IS TO EVENTUALLY REDUCE ILLEGAL DRUG USE, SUBSTANCE ABUSE, RELATED CRIMES AND VIOLENCE IN AND AROUND PUBLIC HOUSING. THIS CAN BE ACHIEVED THROUGH RESIDENT INVOLVEMENT, ENVIRONMENTAL DESIGN AND PREVENTION PROGRAMS. WITH SCHOLARSHIPS AND AWARENESS PROGRAMS AND REFERRAL SERVICES, WE HOPE TO ACCOMPLISH THE GOALS OF THE DRUG ELIMINATION PROGRAM AND THE COMMUNITY.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
SCATTERED SITES CT26PO26005	14	26
SCATTERED SITES CT26PO26006	12	28
SCATTERED SITES CT26PO26007	16	36

F. Duration of Program

Indicate the duration (number of months funds	will be required) of the PHDEP Program proposed under this Plan (place an "x" to
indicate the length of program by # of months.	For "Other", identify the # of months).

6 Months 12	2 Months X	18 Months	24 Months	_ Other
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G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	-0-				
FY 1996	-0-				
FY 1997	\$95,400.00	CT26DEP0260197	-0-	N/A	12/31/1999
FY1998	\$95,400.00	CT26DEP0260198	\$35,549.00	N/A	12/31/2000
FY 1999	\$69,941.00	CT26DEP0260199	\$69,941.00	N/A	12/31/2001

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

THE DRUG ELIMINATION PROGRAM OF THE MANCHESTER HOUSING AUTHORITY APPROACHES DRUG RELATED CRIME IN AND AROUND PUBLIC HOUSING WITH VARIOUS PROGRAMS AND STRATEGIES THROUGH A CONTINUUM OF CARE. USING ENVIRONMENTAL DESIGN PRACTICES, INCREASED LIGHTING WESTHILL GARDENS, THE ANNEX AND MAYFIAR GARDENS, WITH FENCING AND LANDSCAPING THROUGHOUT THE SCATTERED SITE DUPLEXES, THE OPPORTUNITY AND LOCATION FOR CRIME IS BEING TAKEN AWAY, AND THE SAFETY OF THE COMMUNITY IS ENHANCED. PREVENTION PROGRAMS SUCH AS CROSSROADS AND THE POLICE ATHLETIC LEAGUE PROVIDES TUTORING, COMPUTER TRAINING, AND MEDIATION SKILLS TO OUR YOUTH. SCHOLARSHIP PROGRAMS FOR OUR RESIDENTS WILL HELP IMPROVE SELF ESTEEM, AND PROVIDE THE TOOLS FOR AND EDUCATION FOR BETTER JOGS, AND QUALITY OF LIFE REDUCING THE DESIRE FOR DRUGS.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2000 PHDEP Budget Summary					
Budget Line Item Total Funding					
9110 - Reimbursement of Law Enforcement					
9120 - Security Personnel					
9130 - Employment of Investigators					
9140 - Voluntary Tenant Patrol					
9150 - Physical Improvements	\$4,400.00				
9160 - Drug Prevention	\$44,452.00				
9170 - Drug Intervention					

9180 - Drug Treatment				
9190 - Other Program Costs	\$24,041.00			
TOTAL PHDEP FUNDING	\$72,893.00			

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2. 3.							

9120 - Security Personnel				Total PHDEP Funding: \$0			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators				Total PHDEP Funding: \$0			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2. 3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2. 3.							

9150 - Physical Improvements					Total PHDEP Funding: \$4,400.00				
Goal(s)	To elimin	To eliminate drug trafficking and related crimes in and around Public Housing.							
Objectives	To enhan Housing.	To enhance existing programs to eradicate illegal drug activity and related crimes in and around Public							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators		
1. Landscaping, Lighting			10/00	09/01	\$2,000		Reduction of calls to the police and complaints		
2. Locks 3.			10/00	09/01	\$2,400		Resident Surveys		

9160 - Drug Prevention						Total PHDEP Funding: \$44,452.00			
Goal(s)	_	The goal is to get as much participation as possible from families involved with the Manchester Housing Authority.							
Objectives		To increase each participants knowledge of substance abuse and violence, increase self-esteem, decision-making skills, and self-sufficiency.							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators		
1. Crossroads	6/8	Scattered Sites	06/01	08/01	\$14,000		Pre and Post Evaluation Exam		
2. Youth Sports	21/25	Scattered Sites	10/00	09/01	\$12,000.		Resident Participation and Surveys		
3. Scholarships	6	Scattered Sites	10/00	09/01	\$18,452		Resident Participation and Surveys		

9170 - Drug Intervention					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$0		
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other	Performance Indicators
	Person	Population	Date	Complete	Funding	Funding	
	S			Date		(Amount	
	Served					/Source)	
1.							
2.							
3.							

9190 - Other Program Costs				Total PHDEP Funds: \$24,041.00			
Goal(s)	Coordina	te implementation	of various	s drug prevent	ion, interven	tion, and tre	at referrals.
Objectives		Meet with local human service providers, educational institutions, and job training programs to create a network of available services for residents.					raining programs to create a
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Salary Part Time Coordinator			10/00	09/01	\$22,041		Semi Annual Reporting
2. Equipment/Office Supplies		10/00 09/01 \$2,000 Budget Narrative					Budget Narrative
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line	25% Expenditure	Total PHDEP	50% Obligation of	Total PHDEP
Item #	of Total Grant	Funding Expended	Total Grant Funds	Funding Obligated

	Funds By Activity #	(sum of the activities)	by Activity#	(sum of the activities)
e.g Budget Line	Activities 1, 3		Activity 2	
Item # 9120				
9110				
9120				
9130				
9140				
9150	ACTIVITIES 1,2	\$4,400		
9160	ACTIVITIES 1,2,3	\$44,452		
9170				
9180				
9190	ACTIVITIES 1,2	\$24,041		
TOTAL		\$72,893		\$

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

HOUSING AUTHORITY OF THE TOWN OF MANCHESTER

FLAT RENTS - ELDERLY, DISABLED & HANDICAPPED

WESTHILL GARDENS – 100 UNITS – CT26P026001

10 Efficiencies – Includes heat, hot water, and electricity - Flat rent: \$585.00 50 One Bedrooms – Includes heat, hot water, and electricity - Flat rent: \$685.00 - Flat rent: \$785.00

WESTHILL GARDENS ANNEX – 100 UNITS – CT26P026002

20 Efficiencies – Includes heat, hot water, and electricity - Flat rent: \$585.00 80 One Bedrooms – Includes heat, hot water, and electricity - Flat rent: \$685.00

MAYFAIR GARDENS – 76 UNITS – CT26P026003

52 Efficiencies - Includes heat, hot water, and electricity - Flat rent: \$550.00 24 One Bedrooms - Includes heat, hot water, and electricity - Flat rent: \$600.00

FLAT RENTS - SCATTERED SITES

CT26P026005 – 14 UNITS - SEVEN DUPLEXES

92-94 Bissell Street – two 3-Bedroom units – water included – Flat rent: \$625.00 88-90 Clinton Street- two 2-Bedroom units – water included – Flat rent: \$650.00 34-36 Madison Street – two 3-Bedroom units – water included – Flat rent: \$625.00 122-124 Maple Street – two 3-Bedroom units – water included – Flat rent: \$650.00 15-17 Orchard Street – two 3-Bedroom units – water included – Flat rent: \$750.00 64-66 Regent Street – two 3-Bedroom units – water included – Flat rent: \$775.00 85-87 School Street – two 3-Bedroom units – water included – Flat rent: \$825.00

CT26P026006 – 12 UNITS – SIX DUPLEXES

213-215 Bidwell Street – two 3-Bedroom units – water included – Flat rent: \$815.00
37 Florence Street – one 3-Bedroom unit – water included – Flat rent: \$750.00
39 Florence Street – one 2-Bedroom unit – water included – Flat rent: \$650.00
24-26 Horace Street – two 3-Bedroom units – water included – Flat rent: \$815.00
41 Lilley Street – one 2-Bedroom unit – water included – Flat rent: \$675.00
43 Lilley Street – one 3-Bedroom unit – water included – Flat rent: \$775.00
170A-170B Spruce Street – two 3-Bedroom units – water included – Flat rent: \$775.00
38-40 Wilfred Road – two 3-Bedroom units – water included – Flat rent: \$850.00

CT26P026007 – 16 UNITS – EIGHT DUPLEXES

6,7,8,9,12,14,15,17,20,21,22,23,27,29,30,32 Lisa Drive – water included

- Flat rent: \$850.00

DECONCENTRATION

It is the Authority's policy to provide for Deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and low income families into higher income developments. The Authority will affirmatively market our housing to all eligible income groups. Lower income families will not be steered toward higher income developments.

Implementation of Public Housing Resident Community Service Requirements

The Housing Authority will send letters to all family units outlining the requirements for each adult member to provide eight (8) hours of community service or economic self-sufficiency activities a month. The letter will list the exemptions for individuals who need not fulfill the requirement, but will also provide the notice that, unless advised otherwise, the Authority will presume all adult family members will be required to complete and provide verification of the obligation.

In the meantime, the Housing Authority will make the required changes to the Lease and issue same for the 30-day comment period.

Tenants will be advised that they will be required to submit evidence of community service 30 days prior to annual recertification (or for those on flat rents, when the recertification would have occurred). The Housing Authority will conduct third-party verification of the statements received regarding community service and proceed with any required action.

The community service requirements are detailed in full in the Housing Authority's Admissions and Continued Occupancy Policy.